

**AMENDMENT TO AGREEMENT
CITY OF LINCOLN/LANCASTER COUNTY
ANNUAL REQUIREMENTS FOR DEAD ANIMALS
BID NO. 10-110
FIRST RENEWAL**

RECEIVED
C-13-0025
MAY 22 2013
LANCASTER COUNTY
CLERK

This Amendment is hereby entered into on this _____ day of _____, 2013, by and between Industrial Services, Inc., 6201 No. 70th St., Lincoln, NE 68507 (hereinafter "Contractor") and Lancaster County and The City of Lincoln (hereinafter "Owners"), for the purpose of renewing the Contract C-10-0310, dated June 29, 2012, and Resolution No. A-85927, dated July 19, 2010, (the "Contract"), for The Annual Requirements for Dead Animal Removal, Bid No. 10-110, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is July 19, 2010 through July 18, 2013, with the option to renew for **one (1)** additional **three (3)** year term; and

WHEREAS, the parties wish to renew the Contract for an additional three (3) year term beginning July 19, 2013 through July 18, 2016 and

WHEREAS, the estimated expenditures for Lancaster County Departments for the term of this renewal shall not exceed \$10,400.00 per year without approval by the Lancaster County Board.

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Contract, under County Contract C-10-0310 and Resolution No. A-85927, and stated herein the parties agree as follows:

1. The Contract shall be renewed for an additional three (3) year term beginning July 19, 2013 through July 18, 2016.
2. The estimated expenditures for Lancaster County Departments for the term of this renewal shall not exceed \$10,400.00 per year without approval by the Lancaster County Board.
3. All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

The Board of County Commissioners of
Lancaster County, Nebraska

City of Lincoln, Nebraska

Executed this 18 day of May, 2013

Executed this _____ day of _____, 2013

Chris Beutler, Mayor

Lancaster County Attorney

Supplier, please fill in the following information and mail back to our office; a faxed copy is not acceptable.

Company Name:	<u>Industrial Services Inc</u>
By: (Name & Title)	(Please Print) <u>Kori Kraub Sec. Tres.</u>
By: (Name & Title)	(Please Sign) <u>[Signature]</u>
Company Address:	<u>6201 N. 70 Lincoln Ne. 68507</u>
Company Phone & Fax:	<u>402/467-3581</u> <u>402/467-3508</u>
Date:	Dated this <u>16</u> day of <u>May</u> , 2013



CERTIFICATE OF LIABILITY INSURANCE

INDUS-1

OP ID: DG

DATE (MM/DD/YYYY)

06/06/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Forsyth Insurance Agency Inc. 1265 So. Cotner Blvd., Ste.#21 Lincoln, NE 68510-4974 Stephen A. Mason	402-483-7861	CONTACT NAME:	
	402-483-4760	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Addison Insurance Co.	10324
		INSURER B : Century Surety Co.	36951
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		60 112 424	06/01/13	06/01/14	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			60 112 424	06/01/13	06/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> Garage Lia						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		CCP820931	06/01/13	06/01/14	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 4,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A	60 112 424	06/01/13	06/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Leased Equipment (Per Form CM7045)			60 112 424	06/01/13	06/01/14	E.L. DISEASE - POLICY LIMIT \$ 500,000
							Limit 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Lincoln, NE and Lancaster County, NE are named as an Additional Insured with respects General Liability coverage only.

CERTIFICATE HOLDER

CITYLIN

City of Lincoln
555 South 10th Street
Lincoln, NE 68508-2803

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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